24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WORKING FAMILIES FOR HAWAII	
	C C00490193
Check if 24-hour report 48-hour report New report Amends report file	d on 04 01 2014
Full Name of Payee	Date of Public Distribution/Dissemination
CREATIVE ARTS HAWAII	M M / D D / Y Y Y
Mailing Address 500 KALANIANAOLE AVE	03 27 2014 Amount
BLDG 2	
City State Zip Code	3124.98
HILO HI 96720	Transaction ID : SE.4314 Date of Disbursement or Obligation
Purpose of Expenditure 2' X 5' BANNER W/ GROMMETS Category/ Type 004	03 / D D / Y Y Y Y Y Y 2014
Name of Federal Candidate Support Office	ce Sought: House District:
BRIAN SCHATZ Oppose	President X Senate State: HI
Calendar Year-To-Date Per Election for Office Sought Disk 2014	oursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Bul	pursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3124.98
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3124.98
	3.2.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Iris Chun	M / D D / Y Y Y Y
Signature [Electronically Filed] Date	04 01 2014